Name in Full: Charles H Bosine

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Elk Ridge; County: Howard

Date of death: Month: 6; Day: 22; 1907

Age: Years: 41; Months: X; Days: 9

Sex: Male; Color or Race: White; Birthplace: Maryland

Occupation: Candy worker; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband: X

Father's Name: dead; Father's Birthplace: Germany

Mother's Maiden Name: Bertha Zurich; Mother's Birthplace: Germany

Name of person giving Information: Bertha Zurich; How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

177

PHYSICIAN OR CORONER

Primary: Dropsy; How long: 8 month

Immediate: Heart failure; How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Harrison Tongue

Address: Elk Ridge Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Mrs Indiana Bradley

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Savage — County: Howard

Date of death 1907 — Month: 6 — Day: 17

Age — Years: 75 — Months: 2 — Days: 12

Sex: Fem — Color or Race: white — Birthplace: Md

Occupation: retired — Where Residing if not at place of death: Savage Md

Married, Single or Widowed: widow — Name of Wife or Husband: James Bradley

Father's Name: Anthony Murry — Father's Birthplace: [illegible]

Mother's Maiden Name: Eve Beck — Mother's Birthplace: Md

Name of person giving Information: Willie Fillmore — How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

154

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Infirmities of Age — [illegible]: progressive

Immediate: Chronic Comdesim — How long: 10 hours.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. W. Linthicum M.D

Address: Savage Md

Accident or Suicide? Neither

LIBRARY BUREAU A83018

Name in Full: Edward Brooks

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): near Laurel	County: Howard		
Date of death 1907	Month: June	Day: 18	Age: Years 43, Months 1, Days 3
Sex: Male	Color or Race: Black	Birthplace: Md	
Occupation: Hostler	Where Residing if not at place of death:		
Married, Single or Widowed: Married	Name of Wife or Husband: Catherine Brooks		
Father's Name: F. G. Brooks.	Father's Birthplace: Md		
Mother's Maiden Name: M. S. Brooks	Mother's Birthplace: Md		
Name of person giving Information: Catherine Brooks	How related to deceased: wife		

CAUSES OF DEATH

27

PHYSICIAN OR CORONER

Primary: Pulmonary Phthisis	How long: 6 months
Immediate: Pulmonary Hemorrhage	How long: 4 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: R C Harley
	Address: Laurel Md
Accident or Suicide?	

LIBRARY BUREAU A83516

Name in Full: John Arnold Cronmiller

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at	Town: Savage	County: Howard	
Date of death 1907	Month: 6	Day: 23	Age: Years / Months / Days: 5
Sex: male	Color or Race: white	Birthplace: Md	
Occupation: Infant	Where Residing if not at place of death: Savage		
Married, Single or Widowed: single	Name of Wife or Husband: —		
Father's Name: John T. Cronmiller	Father's Birthplace: Ky		
Mother's Maiden Name: Millie E. Carter	Mother's Birthplace: Va		
Name of person giving Information: Millie E. Cronmiller	How related to deceased: mother		

CAUSES OF DEATH (151)

PHYSICIAN OR CORONER

Primary: Icterus	How long: 3 days
Immediate: Heart failure	How long:
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician: W. Whittington M.D.
	Address: Savage Md
Accident or Suicide? mother	

LIBRARY BUREAU A88816

Name in Full: Elbert W. Fisher

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Lisbon; County: Howard

Date of death: Month: June; Day: 15; 1907

Age: Years: 48; Months: 6; Days:

Sex: Male; Color or Race: White; Birthplace: Howard Co. Md

Occupation: Carpenter; Where Residing if not at place of death: at Home

Married, Single or Widowed: Married; Name of Wife or Husband: Ella Fisher

Father's Name: Joshua Fisher; Father's Birthplace: Howard Co Md

Mother's Maiden Name: Elizabeth Warfield; Mother's Birthplace: Howard Co. Md

Name of person giving information: George Fisher; How related to deceased: Brother

CAUSES OF DEATH

72

PHYSICIAN OR CORONER

Primary: Ruptured artery; How long:

Immediate: Tetanus; How long: 3 Days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R.O.D. Warfield

Address: Lisbon, Md

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Fuller

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town)	Ellicott City	County	Howard
Date of death 1907	Month: June	Day: 23	Age: Years 0 Months: June Days: 23
Sex	Female	Color or Race	Colored
Birthplace	New Jersey		
Occupation	house wife	Where Residing if not at place of death	Main St
Married, Single or Widowed	Married	Name of Wife or Husband	Helen Fuller
Father's Name	Alleen Fuller	Father's Birthplace	Ellicott City
Mother's Maiden Name	Dont Know	Mother's Birthplace	Red Bank
Name of person giving Information	Tenie Matthews	How related to deceased	Mother

(S)

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Still Born (S)	How long	—
Immediate		How long	—
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Tenie Matthews Midwife
		Address	Ellicott City
Accident ~~or Suicide?~~			

LIBRARY BUREAU A88818

Name in Full: Mrs. Charles R. Griffith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Savage — County: Howard

Date of death: Month: 6 — Day: 2 — 1907 — Age: Years: 74 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Pennsylvania

Occupation: Housekeeper — Where Residing if not at place of death: Near Savage

Married, Single or Widowed: Widows — Name of Wife or Husband: Charles R. Griffith

Father's Name: Mr. Ferguson — Father's Birthplace: Pennsylvania

Mother's Maiden Name: Ferguson — Mother's Birthplace: Pennsylvania

Name of person giving Information: John R. Griffith. — How related to deceased: Brother in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

154

PHYSICIAN OR CORONER

Primary: Infirmities of age — How long: 1 year

Immediate: Heart failure — How long: progressive

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. W. Linthicum M.D

Address: Savage Md.

Accident or Suicide? Neither

LIBRARY BUREAU A48518

Name in Full: Ida Hall

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Clarksville; County: Howard

Date of death: Month: June; Day: 11; 1907

Age: Years: 39; Months; Days

Sex: Female

Color or Race: Colored

Birthplace: Maryland

Occupation: Washing & Ironing

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: James Hall

Father's Name: dont Know

Father's Birthplace: dont Know

Mother's Maiden Name: dont Know

Mother's Birthplace: dont Know

Name of person giving In formation: James Hall

How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

137

PHYSICIAN OR CORONER

Primary: Childbirth

How long:

Immediate: Puerperal fever

How long: 9 days

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: B. J. Byrne

Address: Ellicott City Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full — Hall

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Clarksville	County Howard		
Date of death 1907	Month June	Day 1	Age Years — Months — Days —
Sex Female	Color or Race Black	Birthplace Md	
Occupation —	Where Residing if not at place of death —		
Married, Single or Widowed —	Name of Wife or Husband —		
Father's Name James Hall (S)	Father's Birthplace Md		
Mother's Maiden Name Ida Smith	Mother's Birthplace Md		
Name of person giving Information James Hall	How related to deceased Father		

CAUSES OF DEATH (S)

PHYSICIAN OR CORONER

Primary Difficult Delivery from	How long In confinement
Immediate Shoulder Presentation	How long 4 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician S. A. Nichols
	Address Dayton Howard Co.
Accident or Suicide?	

LIBRARY BUREAU ASSETS

Name in Full: George Royal Leach

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lisbon; County: Howard

Date of death 1907: Month: June; Day: 5; Age: Years: 82; Months: 2; Days: 11

Sex: Male; Color or Race: White; Birthplace: Howard Co. Md

Occupation: Retired Merchant; Where Residing if not at place of death: at home

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: Ralph Leach; Father's Birthplace: England

Mother's Maiden Name: Rachel Gott; Mother's Birthplace: Howard Co. Md

Name of person giving information: Morris Porter; How related to deceased: nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

150

PHYSICIAN OR CORONER

Primary: Diabetes; How long: 2 years

Immediate: Coma; How long: 4 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: R.O.D. Warfield

Address: Lisbon, Md

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Evelyn Byrd McCandlish

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ellicott City; County: Howard

Date of death 1907: Month: June; Day: 19th; Age: Years: 75; Months; Days

Sex: Female; Color or Race: White; Birthplace: Virginia

Occupation: Home; Where Residing if not at place of death: 867 Park Ave Balto.

Married, Single or Widowed: single; Name of Wife or Husband: —

Father's Name: dont Known; Father's Birthplace: unknown

Mother's Maiden Name: dont Known; Mother's Birthplace: unknown

Name of person giving In formation: H Irvine Keyser; How related to deceased: friend

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

64

PHYSICIAN OR CORONER

Primary: Cerebral Apoplexy. How long: 2 wks

Immediate: Effusion into Ventricular Space. How long: 18 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Claude Van Bibber M.D.

Address: 9 E. Read St. Baltimore Md

Accident or Suicide? No.

LIBRARY BUREAU ASSOC'S

Hy W. Jenkins & Sons Co
Howard & Madison St

Place of burial Greenmount
Cemetery

Name in Full Mary Katherine Manakee

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Clarksville	County Howard		
Date of death 1907	Month June	Day 8th	Age Years 23 Months 3 Days 18
Sex Female	Color or Race White	Birthplace Md.	
Occupation Teacher	Where Residing if not at place of death Clarksville		
Married, Single or Widowed Single	Name of Wife or Husband — no		
Father's Name John W. Manakee	Father's Birthplace Md.		
Mother's Maiden Name Hannah Dennead	Mother's Birthplace Md		
Name of person giving Information Gideon Bussard	How related to deceased Brother-in-law		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Tuberculosis (27)	How long 15 mos.
Immediate Asthenia	How long Progressive
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician W. W. L. Cissel
	Address Highland Md.
Accident or Suicide?	

LIBRARY BUREAU A88616

Name in Full: Lycurgus S Mathews

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town)	Glenwood	County	Howard
Date of death 1907	Month 6	Day 12	Age Years 38 Months 4 Days 2
Sex	Male	Color or Race	White
Birthplace	Glenwood		
Occupation	Merchant	Where Residing if not at place of death	
Married, Single or Widowed	Married	Name of Wife or Husband	Cora P Mathews
Father's Name	William Mathews	Father's Birthplace	Glenwood
Mother's Maiden Name	Harriet Howard	Mother's Birthplace	Montgomery Co
Name of person giving Information	Fenah Mathews	How related to deceased	Sister

CAUSES OF DEATH

120

PHYSICIAN OR CORONER

Primary	Brights disease	How long	Three years
Immediate	Acute uremic poisoning	How long	eight hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr W W Eichelberger
		Address	Dr J W Sim
Accident or Suicide?			Glenwood, Md.

LIBRARY BUREAU A33818

Name in Full Wm Page

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Elk Ridge	County Howard		
Date of death 1907	Month 6	Day 15	Age Years Unknown Months Days
Sex Male	Color or Race Colard	Birthplace Va	
Occupation Labore	Where Residing if not at place of death ×		
Married, Single or Widowed Widower	Name of Wife or Husband ×		
Father's Name Nat Kinnon	Father's Birthplace ×		
Mother's Maiden Name " "	Mother's Birthplace ×		
Name of person giving Information C A Eurpe	How related to deceased none		

CAUSES OF DEATH (179)

PHYSICIAN OR CORONER

Primary Complication of Disease	How long about 10 years
Immediate Rheumatism	How long about 8 months
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Harrison Tongue
	Address Elk Ridge Md
Accident or Suicide?	

LIBRARY BUREAU A88516

Name in Full: Ernest Elsworth Purdy

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at	Town: Savage	County: Howard	
Date of death 1907	Month: 6	Day: 14	
Age	Years:	Months: 7	Days: 10
Sex: male	Color or Race: white	Birthplace: Md	
Occupation: Infant	Where Residing if not at place of death: Savage		
Married, Single or Widowed: single	Name of Wife or Husband:		
Father's Name: James Purdy		Father's Birthplace: Md	
Mother's Maiden Name: Mary Bell		Mother's Birthplace: Md	
Name of person giving Information: Mrs Mary Purdy		How related to deceased: mother	

CAUSES OF DEATH

104

PHYSICIAN OR CORONER

Primary: Chronic Indigestion		How long: 6 mos
Immediate: Exhaustion		How long: progressive
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician: M. Lillian M.D.	
	Address: Savage Md	
Accident or Suicide? mother		

LIBRARY BUREAU A85516

CERTIFICATE OF DEATH

MARYLAND

Name in Full	Henry Rhodes
Died at (Town)	Ellicott City
County	Howard
Date of death	1907
Month	June
Day	16
Age (Years)	71
Months	—
Days	—
Sex	Male
Color or Race	colored
Birthplace	Maryland
Occupation	Farm Hand
Where Residing if not at place of death	Ellicott City
Married, Single or Widowed	Married
Name of Wife or Husband	Harriett Rhodes
Father's Name	Jearry Rhodes
Father's Birthplace	Maryland
Mother's Maiden Name	Katie Rhodes
Mother's Birthplace	Maryland
Name of person giving information	Harriett Rhodes
How related to deceased	Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH (79)

Primary	Endocarditis
How long	1 year
Immediate	Asthenia
How long	—
Are the name, age, sex, color, date and place correctly given above?	yes
Signature of Physician	L G Downing
Address	Ellicott City Md.
Accident or Suicide?	neither

PHYSICIAN OR CORONER

LIBRARY BUREAU A88616